

## KABARAK UNIVERSITY SACCO LTD

P.O. Private Bag – 20157, KABARAK Tel.0745575767 Email: kabarakuniversitysacco@gmail.com

Website: www.kabaraksacco.co.ke

Serial	No:	 	

# COMPLETE FORM IN BLOCK LETTERS 1. APPLICATION FOR MEMBERSHIP

The Hon. Secretary, P o Box 3270, NAKURU

### PERSONAL DETAILS

I hereby make an application	n for membership and agree to co	onform to the societies By-Laws and any amendment the	ere					
FULL NAME: MR/MRS/M	ISS							
DATE OF BIRTH	GENDER	MARITAL STATUS						
ID NO	.KRA PIN	APPLICATION DATE						
PRESENT ADDRESS								
HOME ADDRESS		PHONE NO						
		COUNTY						
DISTRICT	LOCA	TION						
SUB LOCATION								
MONTHLY CONTRIBUTIONSignature of applicant								
EMPLOYER		PAYROLLNO						
OFFICIAL DESIGNATION	N	TERMS OF SERVICE						
DEPARTMENT								
BANK DETAILS								
DANIV NAME	DANIV A	CCOUNT NO						
BANK BKANCH								

### Requirements

Attach copy of National ID/ Passport and KRA Pin

*Note:* Registration fee is Ksh. 1,000 (non-refundable)

Share capital of Ksh.10,000, which is non-refundable but transferable

### 2. NOMINATED NEXT OF KIN

I, the undersigned, in the event of my death, whilst a Member of the society, hereby instruct the society to pay all amount due to me, less any debts to the society, to the person named on this section. The name of nominee can be given in a sealed letter. I understand that I may alter the name of the Nominated next of kin by filling a subsequent Nominated next of kin form.

1. NOMINATED NEXT OF KIN (FULL NAME)	2. NOMINATED NEXT OF KIN (FULL NAME)				
RELATIONSHIP TO THE APPLICANT	RELATIONSHIP TO THE APPLICANT				
AGE/ID	AGE/ID				
ADDRESS OF NEXT OF KIN	ADDRESS OF NEXT OF KIN				
PHONE NO	PHONE NO				
WITNESS	Signature				
Signature					
3. FOR OFFICIAL USE ONLY					
` '	FIRST DEDUCTION DUE				
	RECORDED BY MANAGEMENT COMMITTEE				
CHAIRMAN'S SIGNATURE	MINUTES NO/DATE				
(2) DATE OF WITHDRAWAL	DATE OF REFUND,MANAGEMENT				
COMMITTEE					
CHAIRMAN'S SIGNATURE	MINUTES NO /DATE				
VOUCHER/CHEQUE NO					